2020 RESIDENTIAL WINDOW STICKER PROGRAM APPLICATION (1 APPLICATION PER ADDRESS)

Return Application to:

Shoshone County Solid Waste 52619 Silver Valley Rd Kellogg, ID 83837 Phone: (208) 784-5190

Fax: (208) 783-5508 Email: satkins@co.shoshone.id.us

		Date:		
Property Owner Name:	(Please Prin	t)		
Renter's Name:	`	,	ER OR MGMT CO.	
Please provide your current mailing ac	ldress – where you wo	ould like the stickers mai	led to upon approval:	
(Mailing Address)	(City)	(State)	(Zip)	
Telephone Number: (
Shoshone County Residential (If different from mailing)	Property Address	S:		
Street Address		City		
Requested Stickers: Up to 2 stic purchased at a cost of \$5.00 each. stickers have previously been issu	Stickers are issued	for the property, not t	the person. If	
Number of Stickers Requested:	□ 1 (free)	□ 2 (free) □ 3	5 □ 4	
Payment for Additional Stickers	3:			
Property Owner Signature: _				
If you have questions, please contact Department at (208) 784-5190	the Administration of	fice of the Shoshone Co	ounty Solid Waste	
	Office Use C	Only		
Property AIN:		SW Fee Year:		
Sticker #1: Sticker #2: Sticker #3: Sticker #4:		Issued Date: Mailed Date:		